

Scoring Documentation for Consumer Reporting

Office of Patient Advocate

HMO HEDIS Reporting Year 2010

Eligible Measures and Plans

The eligible measures consist of the California Cooperative HealthCare Reporting Initiative's (CCHRI) publicly reported HMO HEDIS[^] commercial measures for reporting year 2010. Reporting year 2010 results are the primary data source. Reporting year 2009 results are used for those rotated HEDIS measures for which plans opt not to report 2010 results. Plans have the option of using the 2010 results or reporting 2009 results for the rotated measures.

Nine (9) participating health plans report HMO HEDIS results. See Appendix B for a list of the participating plans.

Scoring

All of the performance results are expressed such that a higher score means better performance.

Individual Measure Scoring

The HEDIS individual measure scores are calculated as proportional rates using the numerators and denominators that are reported per the NCQA measurement requirements. The HEDIS measure results are converted to a score using the following formula:

$$(\text{HEDIS measure numerator} / \text{HEDIS measure denominator}) * 100$$

[^] Health Plan Employer Data and Information Set (HEDIS). NCQA sponsors and maintains the HEDIS performance measures as the national standard set of clinical process and outcomes health plan measures.

Summary Performance Scoring

Thirty-nine (39) HEDIS measures are aggregated to create the summary performance score. The summary scoring process is a two-step method. In step 1, measures are organized into each of 9 condition topics. A mean score is calculated for each topic by summing the proportional rates for each measure within the topic and dividing by the number of measures. The measures are equally weighted within each of the 9 condition topics. In step 2, the all-HEDIS summary score is determined by calculating the mean of the 9 condition topic means. Each of the 9 condition topic means is equally weighted. The results are not rounded – the raw mean score is used to assign the performance grade per the instructions below. The composition of these 9 condition topics is listed in the appendix.

1. Checking for Cancer
2. Chlamydia Screening
3. Treating Children
4. Maternity Care
5. Asthma and Other Respiratory Care
6. Diabetes Care
7. Mental Health
8. Heart Care
9. Treating Adults: Right Care

2010 Specific Scoring Notes

1. HMO measures that will be publicly reported for the first time are:

- Comprehensive Diabetes Care, HbA1c < 8%. This measure will replace the HbA1c > 9% measure.
- Adult Body Mass Index (BMI) Assessment
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescent – Two measures will be reported: ages 3-11 (numerator 1) and ages 12-17 (numerator 2), *Only the Weight Assessment component will be reported; the nutrition and physical activity components will not be reported.*

2. Measures that will not be publicly reported: a) Comprehensive Diabetes Care, HbA1c < 7%, b) Diabetes Blood Pressure Control (< 130/80) (blood pressure control < 140/90 measure will be reported), c) Immunizations for Adolescents which is a first year measure.

3. The age spans for eligible patients changed for the following measures:

- Colorectal Cancer Screening 51-75
- Asthma Medication Child 5-11
- Asthma Medication Adolescent/Adult 12-50 (the adult and adolescent components will be combined into a single measure)

4. The Low Back Pain measure is reported as a stand-alone measure; it is not included in the All-HEDIS Summary score. The Call Answer Timeliness measure is reported as a stand-alone measure; it is not included in the All-HEDIS Summary score as it is categorized within the customer service topic for the CAHPS member experience results.

5. NCQA Rotated Measures

- Use any rotated measure result for reporting year 2010 that is reported by a health plan to NCQA
- For plans that do not report on a rotated measure use the plan's most recent measure score from a prior reporting year.
- For 2010, OPA reported measures that are eligible for rotation are:
 - Controlling High Blood Pressure
 - Prenatal and Postpartum Care

6. The following five measures are comprised of two component measures each – the same patients are included in each denominator respectively and the two events capture services provided along a continuum of care. Each pair of component measures is blended using an equal 50/50 weight to score these measures.

1. Alcohol/drug dependent treatment (initiation and engagement phases)
2. COPD exacerbation care (corticosteroid and bronchodilator prescriptions)
3. Follow-up care for children with ADHD medication (initiation and continuation phases)
4. Anti-depressant medication management (acute and continuation phrases)
5. Follow-up after hospitalization for mental illness (7 and 30 day follow-up).

7. The Flu Shots for Adults measure, which is included in the Treating Adults topic, uses the CAHPS RY2010 results. Though the Flu Shot measure specification uses a two-year rolling average, per NCQA scoring rules, if a rate is not available in Year 1 the single year rate is reportable if the minimum denominator of 100 respondents is achieved.

$$\text{Rate} = (\text{Year 1 Numerator} + \text{Year 2 Numerator}) / (\text{Year 1 Denominator} + \text{Year 2 Denominator})$$

8. Three measures have two age groups each; these age group measures are scored separately:

- Chlamydia age 16-20 and Chlamydia age 21-24
- Asthma medications age 5-11 and Asthma medications age 12-50
- BMI Children age 3-11 and BMI Adolescents age 12-17*

*the two BMI measures are scored separately but reported as single measure on OPA site

9. The performance grading is based on the NCQA Quality Compass RY2010 All Lines of Business (HMO, POS and PPO) benchmarks.

Handling Missing HEDIS Data

In instances in which the HEDIS measure is classified as Not Applicable (NA), a half-scale rule was applied to impute the missing score based on the scores of the remaining measures. For RY2010, one plan reported NA for two measures.

In instances in which the HEDIS measure is classified as Not Reported (NR) we apply a rule of using the prior year's result for that measure. If the measure was Not Reported (NR) for the prior year a score of zero is assigned as the measure result. For RY2010, there was a single instance in which a plan was assigned a score of zero for a measure with NR reported for two consecutive years. Additionally, one plan reported NR for two measures and the prior year results are reported this year.

Performance Grading

One of four grades is assigned to each of the 9 condition topics and to the all-HEDIS summary topic using the Table 1 cutpoints. Three cutpoints are used to calculate the performance grades. The cutpoints were calculated per the RY2010 NCQA Quality Compass nationwide results for all 374 plans (HMO, POS and PPO).

The cutpoints are calculated by summing the nationwide scores for the respective percentile value for each measure in a given topic. In turn, the measure-specific percentile scores are summed and an average score is calculated for each of the 3 cutpoints for that topic.

Top cutpoint: the 90th percentile nationwide

Middle cutpoint: 50th percentile nationwide

Low cutpoint: 25th percentile nationwide

Table 1: HMO Performance Cutpoints RY2010

Topic	Excellent Cutpoint	Good Cutpoint	Fair Cutpoint
Checking for Cancer	76	67	62
Diabetes Care	77	67	61
Heart Care	80	70	64
Maternity Care	94	87	63
Mental Health	60	50	44
Sexually Transmitted	54	41	35
Treating Adults	77	72	56
Asthma/Respiratory Care	70	64	61
Treating Children	74	55	42
All HEDIS Summary	74	64	54

*Scores below the Fair cutpoint are graded "poor"

Using the example of the all-HEDIS summary topic, three cutpoints are used to define four performance grades:

All-HEDIS Summary

74-100 excellent

64-73 good

54-63 fair

< 54 poor

A buffer zone of a half-point (0.5) span is applied. Any HMO whose score is in the buffer zone that is 0.5 point below the grade cutpoint is assigned the next highest category grade. For example, a score of 53.5 would be assigned a grade of fair; a score of 63.4, which is outside of the buffer zone, also would be assigned a grade of fair.

In applying the RY2010 NCQA Quality Compass reference data to calculate the cutpoint values, the new values also reflect the following changes to the composition of select composites:

- Asthma and Other Respiratory Care – consolidation from three to two age-specific asthma medication measures and addition of Spirometry Testing and Treating Bronchitis measures
- Treating Adults – addition of Checking If Weight Could Cause Health Problems measure
- Treating Children – addition of Checking If Weight Could Cause Health Problems measure
- Diabetes Care – substitution of HbA1c <8.0 for the HbA1c >9.0 measure

The change to the NCQA All Lines of Business reference norms and the changes in these domains resulted in reductions in the All-HEDIS Summary cutpoints. The first year reporting of the BMI measures and the expansion of the respiratory topic to include the Spirometry Testing and Treating Bronchitis measures also contributed to a drop in the summary indicator cutpoints from 2009 to 2010: the 90th percentile cutpoint fell 2 points from 76 to 74; the 50th percentile fell from 68 to 64 and the 25th from 63 to 54.

Appendix A

2010 Mapping of HEDIS Measures to Performance Topics

Table 1. Performance Topic Mapping

Indicator	Definition	Topic
Disease Modifying Anti-rheumatic Drug (DMARD) Therapy in Rheumatoid Arthritis	% patients, age 18 and older, diagnosed with rheumatoid arthritis have had at least one prescription for DMARD drug during measurement year	Treating Adults
Annual Monitoring for Patients on Persistent Medications (MPM)	% patients, age 18 and older, who received at least a 180-day supply of any of a set of designated drugs, had two therapeutic monitoring tests during the measurement year (at least one serum potassium and either a serum creatinine or a blood urea nitrogen test)	Treating Adults
Flu Shots for Adults	% of members age 50-64 who received an influenza vaccination between September 1 and date survey was completed	Treating Adults
Checking If Weight Could Cause Health Problems	% of members, age 18-74, who had an outpatient visit, who had their body mass index (BMI) documented in the past 2 years.	Treating Adults

Table 2. Performance Topic Mapping

Indicator	Definition	Topic
Colorectal Screening	% of adults, ages 51-75, who were tested for colorectal cancer using any one of four tests	Checking for Cancer
Breast cancer screening	% women age 42-69 who had a mammogram during past two years	Checking for Cancer
Cervical cancer screening	% women age 24-64 who had a Pap test during past three years	Checking for Cancer
Chlamydia screening 1	% of sexually active women aged 16-20 who were screened for chlamydia in prior year	Chlamydia Screening
Chlamydia screening 2	% of sexually active women aged 21-24 who were screened for chlamydia in prior year	Chlamydia Screening
Controlling high blood pressure	% adults age 18-85 who are diagnosed with hypertension whose blood pressure was controlled (<140/90)	Heart Care
Heart attack medication	% of persons age 18 and older hospitalized for a heart attack who received beta blockers medication through 6 months period post event	Heart Care
Cholesterol management: screening	% adults age 18-75 who had an LDL-C screening after an acute cardiovascular event or who had diagnosis of ischemic vascular disease	Heart Care
Cholesterol management: control	% adults age 18-75 whose cholesterol was controlled (LDL-C <100 mg/dL) after an acute cardiovascular event or who had diagnosis of ischemic vascular disease	Heart Care
Pre natal visit during 1 st trimester	% pregnant women who began prenatal care during the first 13 weeks of pregnancy	Maternity Care
Postpartum care	% women who had a live birth who had a postpartum visit between 21-56 days after delivery	Maternity Care

Table 3. Performance Topic Mapping

Indicator	Definition	Topic
Appropriate asthma medications 1	% of children age 5-11 with asthma who have appropriate asthma medications	Asthma and Other Respiratory Care
Appropriate asthma medications 2	% of adolescents/adults age 12-50 with asthma who have appropriate asthma medications	Asthma and Other Respiratory Care
Treating lung disease*	% of adult age 40 or older, with COPD, who had an worsening of symptoms indicated by a hospitalization or ED visit, who were: a) dispensed systemic corticosteroid within 14 days and b) dispensed a bronchodilator with 30 days	Asthma and Other Respiratory Care
Treating Bronchitis	% of adults, age 18-64, who have acute bronchitis, were <u>not</u> given an antibiotic; medicines that often don't work for these short-term bronchial inflammations	Asthma and Other Respiratory Care
Spirometry Testing	% of adults age 40 or older newly diagnosed with COPD who received a spirometry test to confirm the diagnosis	Asthma and Other Respiratory Care
Glycosylated hemoglobin tested	% diabetes patients who had an HbA1c test in last year	Diabetes Care
Glycosylated hemoglobin control	% diabetes patients with HbA1c <= 8.0%	Diabetes Care
Eye exam performed	% diabetes patients who had a retinal eye exam in last year	Diabetes Care
Cholesterol test performed	% diabetes patients who had an LDL test in last year	Diabetes Care
Cholesterol control	% diabetes patients whose LDL level <100mg/dl	Diabetes Care
Kidney function monitored	% diabetes patients who had nephropathy screening test in last year	Diabetes Care
Blood pressure control	% diabetes patients whose blood pressure level <140/90	Diabetes Care
Call Answer Timeliness**	% of calls received by the MCO member services call centers (during member services operating hours) that were answered by a live voice within 30 seconds	Answer Customer Phone Calls Quickly
Low Back Pain Imaging**	% of adults, age 18-50, who did <u>not</u> receive imaging studies (plan x-ray, MRI, CT scan) for acute low back pain (reverse scored)	Testing for Cause of Back Pain

*two component measures are blended 50/50; only the bronchodilator measure is reported

** reported as a stand alone measure; not reported in a composite measure

Table 4. Performance Topic Mapping

Indicator	Definition	Topic
Alcohol/drug dependent treatment^^	% of adolescents and adults (age 13 or older) diagnosed with alcohol and other drug (AOD) dependence who: a) initiate treatment within 14 days, and b) initiated treatment and had two or more additional AOD services within 30 days after the initiation of AOD treatment	Mental Health
Follow-up 30 days after hospitalization for mental illness^	% patients, age 6 or older, who were hospitalized for a mental illness, who had an outpatient visit with a mental health provider within: a) 7 days after discharge, b) 30 days after discharge	Mental Health
Anti-depressant medication management**	% depressed patients who remained on antidepressant medication for the: a) 12-week acute treatment phase, and the b) six month continuation phase	Mental Health
Childhood Immunizations (combination 3)	% of children who by 2 nd birthday received designated MMR, HiBs, Varicella, DtaP/DT, polio (IPV), hepatitis B and pneumococcal conjugate vaccinations (combo 3)	Treating Children
Testing for Upper Respiratory Infection	% of children, ages 3 months to 18 years, who had an upper respiratory infection (common cold), who were <u>not given</u> an antibiotic – medicines	Treating Children
Testing for pharyngitis	% of children, ages 2-18, who were diagnosed with pharyngitis (throat infection) and given an antibiotic medication, who were tested for strep throat	Treating Children
Follow-up care for children with ADHD medication*	% children, ages 6-12, who were prescribed an ADHD medication, a) had a follow-up visit with a practitioner during the 30-day Initiation Phase and b) who remained on the medication for at least 210 days and who had two follow-up visits within 9 months Continuation and Maintenance Phase	Treating Children
Checking If Weight Could Cause Health Problems for Children #1	% children, ages 3-11 (numerator 1) who had a visit with their regular doctor (PCP/ob-gyn) and who had their body mass index (BMI) checked during the past year.	Treating Children
Checking If Weight Could Cause Health Problems for Children #2	% children, ages 12-17 (numerator 2), who had a visit with their regular doctor (PCP/ob-gyn) and who had their body mass index (BMI) checked during the past year.	Treating Children

* two component measures are blended 50/50; only the continuation and maintenance phase is reported

^ two component measures are blended 50/50; only the 30 day post discharge measure is reported

**two component measures are blended 50/50; each component is reported as an individual measure

^^two component measures are blended 50/50; only the engagement phase component is reported

Appendix B
CCHRI HMO Health Plan Reporting Status
For Reporting Year 2010

HEDIS Reporting Plans

Performance results are reported at a health plan reporting unit level. With the exception of Kaiser Northern California and Kaiser Southern California the plans report a single, statewide set of performance results.

Aetna Health of California, Inc.
Anthem Blue Cross of California
Blue Shield of California
CIGNA HealthCare of California, Inc.
Health Net of California, Inc.
Kaiser Foundation Health Plan of Northern California, Inc
Kaiser Foundation Health Plan of Southern California, Inc.
Pacificare of California, Inc.
Western Health Advantage